

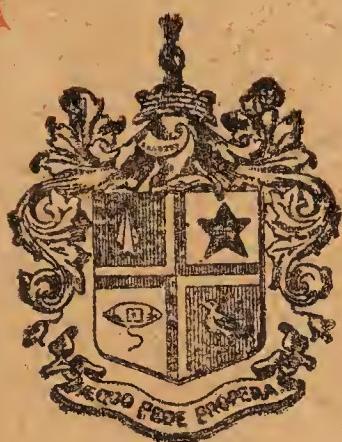
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BOROUGH OF LEIGH



ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

Year 1944

BOROUGH

OF LEIGH



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BOROUGH OF LEIGH, 1944.

HEALTH COMMITTEE

Chairman :

Councillor T. HOURIGAN

Deputy Chairman :

Councillor W. SEDDON

His Worship the Mayor (Councillor W. Kearney, J.P.)

Ald.	W. Blackshaw, J.P. (deceased)	Coun. C. H. Bratt
„	W. Collier, J.P.	„ H. Gough, J.P.
„	N. Fairhurst, J.P.	„ T. R. Greenough, J.P.
„	W. Grundy, J.P.	(deceased)
„	W. Higenbottam, J.P.	„ T. Haseldine
„	W. Hindley, J.P.	„ J. Horrocks J.P.
„	J. L. Prescott, J.P. (deceased)	„ Rev. R. J. King
Coun.	F. Bamford	„ T. Lowe, J.P. (deceased)

MATERNITY AND CHILD WELFARE COMMITTEE :

Chairman :

His Worship the Mayor (Councillor W. KEARNEY, J.P.)

Deputy Chairman :

Councillor T. LOWE, J.P. (deceased)

Ald.	N. Fairhurst, J.P.	Coun. E. Green
„	J. L. Prescott, J.P. (deceased)	„ T. R. Greenough, J.P.
Coun.	F. Bamford	(deceased)
„	T. Battersby	„ J. Parr
„	H. Gough, J.P.	„ W. Woolstencroft

Co-opted Members :

The Mayoress (Mrs. Kearney)

Mrs. Fairclough

Mrs. Lowe

Mrs. Blackshaw

Mr. H. Warburton

BOROUGH OF LEIGH

STAFF OF PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health and School Medical Officer :

Medical Supervisor of Midwives

Medical Superintendent Firs Maternity Home.

H. J. PETERS, M.B., B.S., B.Hy., D.P.H.

Assistant Medical Officer of Health and Assistant School Medical Officer :

B. HOWARTH, M.B., Ch.B.

Senior Sanitary Inspector, Inspector under Canal Boats Acts, Rodent Officer:

†H. CLUSKY.

District Sanitary Inspectors :

†*T. Hailwood. †*J. Mather. †*G. Keaveny.

†Cert S.I.B. *Qualified Meat and Other Foods Inspector.

Health Visitors and School Nurses :

*†‡E. Humphreys *†L. M. Goulden †M. Smith

*†‡H. Mycock (appointed 1/9/44) *†‡A. W. Moordaff (appointed 1/9/44)

Maternity Home Staff :

*†S. J. Storey (Matron and Non-medical Supervisor of Midwives)

*†T. C. Hall (Sister) *†M. A. Hill (Staff Nurse) †*B. Hurst (Staff Nurse)

†E. M. Shepherd (Staff Nurse) and six temporary Staff Nurses.

Municipal Midwives :

†A. Gibbon †M. E. Makin †A. Humphreys

*†E. Mercer (resigned 16/11/44) *†E. M. Emerson (appointed 3/1/44)

War-time Nursery

*†Miss A. Bradley (Matron) ¶Miss K. Speakman (Deputy Matron)

Puerperal Fever Nurse :

*Mrs. I. Dickinson

*State Registered Nurse. †Central Midwives' Board Certificate.

† Health Visitor's Certificate. ¶Princess Christian Certificate

Consultants (Part-time) :

K. V. Bailey, M.C., M.D., M.R.C.P., F.R.C.O.G.....Obstetrician

G. E. Hayward, M.B., M.R.C.S.....Ear, Nose and Throat Surgeon

J. Holt, M.R.C.V.S.....Veterinary Surgeon

Clerical Staff :

S. Cunningham (Senior) (Joined H.M. Forces Nov., 1943)	Gladys M. Stone (Joined H.M. Forces Dec., 1942)
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Hilda M. Dixon	Helen Mulrooney
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Doreen Overton (Temp. appointed Jan. 1944) Doris Cunningham (Temp.).

The clerical staff also performs the clerical work of the School Medical Services.

Public Health and School Medical Department,
Town Hall,
Leigh,
Lancashire.

September, 1945.

*To the Chairmen and Members of the Health and
Maternity and Child Welfare Committees.*

Messrs. Chairmen, Ladies and Gentlemen,

I have the honour as Medical Officer of Health to present my Annual Report for the year, 1944.

INTRODUCTION.

White Papers and Reports.

The year has been characterised by the appearance of several proposals of great importance from a public health point of view. They are contained in White Papers and in the special reports of statutory and professional bodies. In February, 1944, the Government issued its White Paper on a national health service. Later in the year there appeared the Report of the Royal College of Obstetricians and Gynaecologists on a national maternity service, the Report of the Planning Committee of the Royal College of Physicians on medical education and the Report of the Inter-departmental Committee (The Goodenough Committee) on medical schools. The year has also been notable for the passing of the new Education Act. In January, 1945, the Government's White Paper on local government in England and Wales during the period of reconstruction appeared, and was followed by the Local Government (Boundary Commission) Act, 1945.

Medical Education.

The Goodenough Committee's Report is an exhaustive one and runs into 300 pages. It is divided into three parts dealing respectively with undergraduate medical education, postgraduate medical education, and financial considerations. It contains much of value to those interested in public health. At the outset the report recognises the fundamental relation between the standard of medical education and the quality of any future health service. It is obvious that the efficiency and usefulness of any health service must depend, to a very large extent, on the character and educational attainments of its medical personnel. In the words of the Report, 'properly planned and carefully conducted medical education

is the essential foundation of a comprehensive health service." Attention is drawn to the tendency to pay too much attention to the detailed structure of such a service and too little attention to its essential foundations, namely, medical education and research. If the health services of the country are to be re-organised successfully it is imperative that the facilities for postgraduate medical education should be improved. At present they are most inadequate and the second part of the Report deals with this question.

The desire to intergrate modern teaching with the new outlook of preventive medicine is illustrated by the Report's proposals in regard to rehabilitation, social medicine, and child health. These proposals indicate the need for keeping the medical student fully informed of new methods of rehabilitation, of re-orientating his medical training so that due emphasis is laid on prevention and on the aetiological importance of social and economic factors in the causation of disease. The Report points out that "results of far reaching national importance" have been achieved by the Child Welfare Service and pays a tribute to its part in the reduction of the infant mortality rate (the number of infants dying under one year of age per 1,000 registered live-births), from 150 at the end of the 19th century to 49 in 1942. The rate for 1944 is 46.

The important effect of medical education on the quality of a health service, the need for all medical teachers to cultivate an interest in social medicine, and the importance of improved teaching in paediatrics (children's diseases) are also stressed in the Report of the Planning Committee of the Royal College of Physicians on medical education. This Report also recommends that greater discrimination should be exercised in the selection of medical students, and that the financial barrier to the study of medicine should be lowered.

Medical Research.

That there should be adequate provision for research is extremely important. The success of the sulpha drugs, of which M. & B. 693 is, perhaps, the most widely known, and the recent discovery of penicillin, will, no doubt, do much to impress on the lay mind the great contribution that medical research has made and, if properly fostered, will continue to make, to the welfare of the community. Dr. Percy Stocks has estimated that in the year 1942 the sulphonamide group of drugs was responsible for the saving of more than 100,000 lives. Penicillin promises to be one of the great medical discoveries of all time. Adequate provision for research implies that properly trained persons with the necessary ability and aptitude should be engaged on research work, that research

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workers should be adequately remunerated, that ample funds for research work should be available, and that the results obtained should be co-ordinated nationally and internationally and readily accessible to all workers. The memorandum of evidence of the late Sir Thomas Lewis, which is quoted in the Goodenough Committee's Report, lays emphasis on the necessity of choosing men with an aptitude for research. Any scheme of organised research, however elaborate, will be comparatively fruitless unless it is recognised that the prime requisite is to employ men with a flair for research, and to encourage research in pure science.

In this age of planning it is as well to recognise the limitations of planned research. Its most fruitful function is the investigation and application of discoveries made in pure science. The obvious need for a very great improvement in the organisation of, and the funds available for, planned research, should not obscure the necessity for giving every encouragement to research, which, at first sight, may seem to have no practical application. It is often a matter of no little difficulty to assess the potential value of new knowledge. Discoveries of the greatest practical value are frequently the result of knowledge pursued for its own sake. The discovery of X-rays, for example, was not the outcome of a planned campaign to find a new method of diagnosis, but was the outcome of researches in pure science, which, at the time, appeared to have no practical value whatever. The late Sir J. J. Thomson, speaking, when President of the Royal Society, on the difference in the results produced by research in pure and applied science illustrated his point by remarking : "In fact, research in applied science leads to reforms, research in pure science leads to revolutions, and revolutions, whether political or industrial, are exceedingly profitable things if you are on the winning side". That research should be liberally supported by public funds is, as the Goodenough Committee's Report points out, in the interests of the community.

National Health Service.

The White Paper on a national health service contains proposals whereby everyone, irrespective of their ability to pay, will be able to obtain the best medical advice and treatment when they are in need of it. Though the White Paper bears the title, "A National Health Service", it is made clear that it is "concerned exclusively with the direct service of personal health care and advice and treatment," and it is pointed out, "that there will be an even more important part in the future than there has been in the past for social medicine and the medical organisation of public health." According to the White Paper local administration will be in the hands of the councils of counties and county boroughs. Pending re-organisation of local government areas it is proposed to divide the

country into areas, each of which would be suitable for the administration of a full hospital service. These areas would be administered by new joint authorities formed by a combination of the existing county and county borough councils in the hospital areas. The new joint authority would be responsible for planning the hospital, consultant and general health services of the hospital area, though the existing county and county borough councils would be responsible for local clinic and domiciliary services. The joint authority would be a joint board and "will take over all hospitals at present provided by ratepayers." Financial adjustments, would, of course, be made between the joint authority and the local authorities concerned. If these proposals are implemented the ownership of the Firs Maternity Home would be transferred from the Borough of Leigh to the new joint authority, and a similar transfer would take place in regard to the infectious diseases hospital owned by the Leigh Joint Hospital Board.

It would seem that the end in view is capable of attainment if the new joint authority were to concentrate on planning and the existing local authorities took responsibility for the day to day administration, within the framework of the area plan, of their hospitals and other services and retained the ownership of their hospitals. Once an efficient hospital service, with its accompanying consultant service, has been established, other health services, such as maternity, child welfare, school medical, domiciliary nursing and domiciliary midwifery, could be efficiently administered by comparatively small authorities, including, one would think, the larger non-county boroughs. Some hold the opinion, indeed, that these personal health services are best administered by authorities which are not excessively large. The White Paper insists that "the child welfare services will be required to lie with the same authorities as carry responsibility for education under the new Education Bill." Under the Education Act, 1944, the responsibility for education lies with the county and county borough councils. Hence it seems inevitable if this proposal of the White Paper materialises that the responsibility for the child welfare service of the Borough of Leigh will ultimately lie with the Lancashire County Council. Leigh would then cease to be an autonomous maternity and child welfare authority.

National Maternity Service.

The Royal College of Obstetricians and Gynaecologists issued its report on a national maternity service in May, 1944. In it attention is drawn to the importance of economic and social factors in regard to still-births, neo-natal and maternal mortality and disease in general. In the presence of a bad economic and social environment the health services, however well organised, are powerless to effect the maximum

improvement in the health of the people. Economic inequalities between different sections of the population are, no doubt, inevitable. Such inequalities, however, should not be of such a degree as to cause corresponding differences in mortality and morbidity rates, nor should they compel a mother to work because of financial necessity. The Report stresses the necessity of postgraduate training in order to raise the standard of obstetric practice and the need for a closer collaboration between the obstetrician and paediatrician and the desirability of an improved status and training for home helps is also recognised. It also contains the important recommendation that for at least the last three months of pregnancy and the first six months after confinement "the mother should be free from all outside responsibility which might interfere with pregnancy and lactation."

Education Act, 1944.

Under the Education Act, 1944, the local education authorities are the councils of counties and county boroughs. The functions previously carried out by the Borough of Leigh as a Part III local education authority are thus transferred to the Lancashire County Council. This signifies, as has already been pointed out that the child welfare services, which are now administered by the Borough, will ultimately become the responsibility of the Lancashire County Council if the proposals in regard to child welfare contained in the White Paper on a national health service are implemented. The Act introduces several innovations, which have an important bearing on the maintenance and improvement of the health of school children. It provides for free medical treatment other than domiciliary medical treatment, places a duty on the local education authority to provide milk and meals in accordance with regulations made by the Minister of Education and directs that the Minister shall make regulations prescribing standards to which school premises maintained by local education authorities must conform. Appliances, such as spectacles and artificial limbs required for medical treatment will be provided free of cost. In certain circumstances it gives the local education authority power to provide clothing and to recover the whole, or part of, the cost from the parents.

Local Government.

Local authorities will welcome the statement in the White Paper on Local Government that it is not the intention to create regional authorities as a measure of post-war reconstruction or, generally speaking, to centralise services hitherto administered by local authorities. No fundamental alteration of the structure of local government is contemplated. Local government will be based on administrative counties and county boroughs, and where co-operation is required between them it

will be effected through the agency of a joint board or joint committee. It has already been pointed out that the councils of counties and county boroughs are responsible for the administration of the new Education Act, and that the local administration of the proposed national health service will also be based on these authorities. The need for some revision of local government areas has been apparent for some time. The increased responsibility in regard to housing, education, health and other services which local authorities will have to shoulder, and the unsuitable size of many of them make the revision of local government areas an urgent problem. Many people will probably be surprised to learn, as is pointed out in the White Paper, that on pre-war figures of population there are 95 non-county boroughs, and 305 urban districts with populations under 10,000. In 21 of these non-county boroughs the populations are under 2,500 and in 39 the populations are between 2,500 and 5,000. Many administrative counties and county boroughs also have comparatively small populations.

The resources of local authorities must obviously comply with certain minimum requirements if they are to be capable of performing their duties in a satisfactory manner. It will be necessary to formulate these minimum requirements. If a local authority does not comply with them the presumption would be that it is not a suitable one for local government administration. There are some health services whose efficient administration demands areas of a size larger than that of any existing local authority, and in the case of one, it has been suggested that the whole country is hardly large enough. On the other hand, it has already been pointed out that some of the health services are best administered by comparatively small authorities. Whatever revision of local government areas is ultimately effected, it would seem that co-operation between local authorities by means of machinery such as the joint committee or the joint board will still be necessary for certain purposes. Mere size is not necessarily synonymous with efficiency. The comparatively small authority has much in its favour from the political and social standpoint, whilst the excessively large authority has well-known disadvantages. Modern legislation and the proposals contained in recent White Papers re-affirm the primacy of county and county borough councils. The bias in favour of the larger local government authorities has been increasingly manifest since the Local Government (County Boroughs and Adjustments) Act, 1926, altered the procedure and raised the population requirement for the creation of a county borough. It received further emphasis in the Local Government Act, 1929. By the Local Government (Boundary Commission) Act, 1945, the population requirement for the creation of a county borough is raised from 75,000 to 100,000. This Act follows the White Paper's proposal to set up a local

government boundary commission with executive powers. If the smaller authorities are reduced to the position of being mere recipients of orders from some higher authority local government will run the risk of losing in some measure the helpful stimulus of that local initiative which has its origin in a strong sense of civic pride.

Nutrition.

The Summary Report of the Ministry of Health for the year ended 31st March, 1944, in commenting on the nutrition of the population as a whole, makes the observation that "all the evidence supports the belief that the general standard of nutrition has been well maintained." This belief also receives support from the British Paediatric Association's Report on the incidence of rickets in war-time, which was prepared at the invitation, and with the co-operation, of the Ministry of Health. The Report is based on investigations carried out in the early part of 1943. As a result of the examination of 5,783 children in 23 centres in the British Isles only 106 cases were found shewing radiological evidence of rickets. It was concluded that there was no evidence of any war-time increase in the incidence of rickets.

The available statistics regarding the nutrition of the school children, would appear to indicate that the nutrition of the population of the Borough has not suffered during the war years. The table on page 25 demonstrates that a gradual improvement has taken place during the war years in the nutrition of the school children examined in the course of the routine medical inspections. The number classified as being of normal nutrition has gradually risen from 77.51% in 1941, to 85.82% in 1944. On the other hand, the number of children classified as being of bad nutrition has gradually decreased from 0.91% in 1941 to 0.36% in 1943. In 1944 no child's nutrition was so poor as to warrant its classification as bad. The emphasis placed by those in authority on maintaining as large a supply for the nation as possible of milk, eggs, cheese, dried and separated milk and green vegetables together with the priority supplies granted to nursing and expectant mothers and children of milk and preparations of cod-liver oil and fruit juices, has, no doubt, made a very significant contribution to the maintenance, and even the improvement of the nation's health during the war years. The improvement in the nutritional state of the nation has played an important part in the war-time reduction in the maternal mortality, neo-natal mortality and still-birth rates and in the maintenance of the infant mortality rate at approximately its pre-war level. Nutrition is perhaps the most important single factor in the maintenance of the health of the people. School milk and meals and the special food priorities granted to nursing and expectant mothers and children besides serving their immediate function of improving nutrition also serve an educational function in familiarising

people with the nature of a correct diet. It has been demonstrated during the war that with proper planning the nutrition of the people can be maintained and even improved in the most difficult circumstances.

STATISTICS OF THE AREA.

Local Statistics.

The Borough covers an area of 6,359 acres.

The Registrar-General's estimate of the resident population at mid-year 1944, was 43,590.

Population (Census) 1931.....	45,317
No. of inhabited houses, end of 1943	
according to rate books.....	13,994
Rateable value.....	£241,158
Sum represented by Penny Rate.....	£935

Comments on Vital Statistics.

The table on page 16 gives an analysis of the age and certified cause of death of the 46 infants who died during 1944. Prematurity was again responsible for the greatest number of deaths. It was the cause of death in 12 cases. The infant mortality rate (the number of deaths of infants under one year per 1,000 registered live-births) of 54, though it represents a considerable improvement on last year's figure of 66, cannot be viewed with complacency. Last year's report drew attention to the close relationship between infant mortality and the social, economic and educational conditions of the community. It was also pointed out that the available evidence indicated that it should be possible to achieve a rate in the neighbourhood of 20, providing that sufficient attention was paid to the housing, economic and educational aspects of the problem. It was particularly important that each girl should be well versed in every phase of mothercraft. The proposal to establish a chair of child health at Manchester University is to be warmly commended. The first chair of child health in Great Britain was established at Edinburgh in 1931. More recently such chairs have been founded at Newcastle, Birmingham, Liverpool and London. Their establishment is evidence of the increased interest, which has been shown in child health in recent years. The

establishment of such a chair at Manchester will represent the first step in the formulation of a scheme of co-operation between the child welfare authorities within the area served by the University. It is of the greatest importance in regard to infant mortality that the resources of the whole area should be adequately developed and co-ordinated. The Council of the Borough of Leigh have already agreed to support the establishment of such a chair at Manchester.

The special measures described in last year's report to enhance the premature infant's chance of survival have been continued. We must, once again, thank those mothers who have voluntarily given their milk to premature infants. At the time of writing the Council have appointed a consultant paediatrician. The paediatrician will be available for all children born at the Firs Maternity Home. His services will also be available for any child in the area up to the age of twelve months. Medical practitioners may call him in for consultation at the child's home. No charge will be made to parents for this service. The scheme is intended to ensure that no infant in the Borough is deprived of expert medical advice merely because of its parents inability to pay a consultant's fee.

Great care is constantly taken to secure, as far as possible, that expectant and nursing mothers and infants receive a correct diet. A scheme has been initiated at the ante-natal and child welfare clinics whereby an enquiry is made at monthly intervals as to whether mothers and children are taking advantage of the various dietary supplements that are available to them. Recent research has shown that the health of the mother during pregnancy largely depends on the adequacy of her diet, and that a reduction can be effected in the number of still-births and neo-natal deaths by improving the diet of expectant mothers.

The maternal mortality rate was 3.40, which represents an increase on last year's figure of 1.09. The maternal mortality rate for England and Wales is 1.93. There were three maternal deaths in 1944, compared with 1 in 1943. The three deaths were due to pulmonary embolism (following phlebitis), pyelitis and shock, respectively.

The death rate for 1944 is 12.75, which represents a slight increase on the figure of 12.51 for 1943. Of the 556 deaths which occurred in 1944, 269 (44.7%) occurred in persons aged 65 years and over. The total number of deaths from cancer shews an increase, viz. 83 compared with 73 in 1943. Deaths from cancer of the stomach and duodenum are

more than twice as numerous as in the previous year, namely, 20 compared with 7 in 1943. Deaths from cancer of the buccal cavity, oesophagus (male) and uterus also shew an increase numbering 10 compared with 7 in the previous year. Deaths from cancer of the breast and other sites shew a decrease. The deaths from intra-cranial vasular lesions and heart disease also shew a decrease. The deaths from bronchitis numbered 55, an increase of 11 on the number which occurred in 1943. There were 22 deaths from pneumonia, a decrease of 8 on the previous year's figure. The deaths from diabetes numbered 4 compared with 1 in 1943. There were also 4 deaths from ulcer of the stomach or duodenum compared with 1 in 1943. There were 5 deaths from suicides compared with none in 1943, and 5 deaths from road and traffic accidents compared with 2 in 1943. The table on page 18 gives an analysis of the causes of deaths during 1944.

The live birth rate (the number of births in the year per 1,000 of the population) remains practically unchanged at 19.34. The rate for 1943 was 19.79. The rate for England and Wales for the year under consideration is 17.6 compared with 16.5 for 1943. The stillbirth rate (the number of stillbirths in the year per 1,000 of the population) is 0.87 compared with 0.79 for 1943, and a rate of 0.50 for England and Wales during 1944. A fall in future populations threatens not only Great Britain, but practically the whole of western civilisation. The increase in the birth rate, which this war has witnessed is, therefore, welcome news. In March, 1944, a Royal Commission, under the Chairmanship of the Lord Chancellor, was appointed to make a comprehensive enquiry into all aspects of the present population trend in Great Britain. Three technical committees were appointed at the same time to assist the Royal Commission in regard to the statistical, economic and biological and medical factors of the problem. The birth rate in this country had begun to fall in 1875 and in 1904 the actual number of births had begun to fall. We now have less children than in 1876, when our population was only 24,000,000. It would appear that by 1971 the total number of our population will be the same, but the number of persons under 45 years of age will be only three-quarters of what it is now. The natural increase in the population due to the fact that the death rate has fallen faster than the birth rate makes it difficult for the general public to realise the seriousness of the problem. During this war, as has already been remarked, the birth rate for the country as a whole, has risen. In the last war it shewed a decline in spite of increased prosperity. In the Borough of Leigh the same phenomenon has occurred. The table on page 21 illustrates the local trend of the birth rate in the Borough of

Leigh for the years 1914 to 1919 and 1939 to 1944. It will be seen that from 1914 to 1919 it decreased while from 1939 to 1944 it increased.

Comments on the statistics relating to infectious diseases will be found in the section of this report dealing with these conditions.

STATISTICS FOR THE YEAR, 1944.

Extracts from Vital Statistics.

Live Births	Legitimate	Male	Female	Total	Birth Rate 19.34		
	Illegitimate	23	16	39			
	Total	405	438	843			
Still Births	Legitimate	19	14	33	Still Birth Rate 0.87		
	Illegitimate	4	1	5			
	Total	23	15	38			
Deaths of Infants under 1 yr.	Legitimate	23	21	44	Infant Mortality Rate (per 1000 registered live-births) 54		
	Illegitimate	1	1	2			
	Total	24	22	46			
Deaths	Male	Female	Total		Death Rate 12.75		
	281	275	556				
Maternal Deaths	Puerperal Sepsis	2	Maternal Mortality Rate 3.4		
	Other maternal causes	....	....	1	
	Total ....	....	....	3	
Principal Causes of Mortality				1944	1943	1942	1941
	Heart Disease	87	95	67	69
	Cancer..	83	73	70	60
	Intra-cranial vascular lesions			59	65	69	60
	Bronchitis....	55	44	48	36

STATISTICS OF THE AREA, 1944.

Analysis of Infant Mortality

Cause of Death as Stated on the Death Certificate.	No. of Deaths	Ages at Death.
Influenzal pneumonia	1	4 months.
Asphyxia (due to obstruction of air passages due to bed-clothes or the parent sleeping in same bed)	1	1 month.
Spina bifida	2	2 days, 2 weeks.
Congestion of lungs....	1	10 months.
Congenital debility	1	2 weeks.
(i) (a) Prematurity (b) Toxic abortion—albuminuria in mother	1	3 weeks.
(ii) Mongol.		
Broncho-pneumonia	6	6 months, 10 months, 2 months, 3 months, 1 month (2).
Bronchitis....	2	3 weeks, 2 months.
Prematurity and Spina bifida	1	3 days.
Prematurity	11	3 days, 1 day (4), 2 months, 2 days, 10 hours, 3 weeks, 11 hours, 5 hours.
(i) Convulsions }	1	1 month.
(ii) Congenital Heart disease }		
Asphyxia livida	1	30 minutes.
Gastro-enteritis and bronchitis	1	2 months.
Asphyxia. Prolonged labour.		
Deformed pelvis in mother	1	15 minutes.
Asphyxia (obstruction from inflammatory fluid)..	1	4 months.
Marasmus....	1	1 month.
(a) Congenital debility }		
(b) Prematurity }	1	1 month.
(a) Asphyxia }		
(b) Maternal haemorrhage }	1	3 seconds.
(c) Concealed A.P.H. }		
Subdural haemorrhage	1	20 minutes.
Meningococcal meningitis	2	3 months, 1 month.
Meningocele	1	11 months.
Gastro-enteritis	2	4 months, 2 months.
Congenital pyloric stenosis	1	1 month.
Intracranial haemorrhage	1	1 week.
Exomphalos	1	2 days.
Atelectasis	1	2 days.
(a) Intestinal obstruction }		
(b) Mesenteric thrombosis }	1	1 month.
(c) Torsion of small intestine }		
Total	46	

The figures in brackets indicate the number of children who died at the age specified.

STATISTICS FOR THE AREA, 1944.

Statistics for 1944, 1943 and the period 1939—1943

BOROUGH OF LEIGH	Per 1000 Estimated Population			Maternal Mortality Rate		Infant Mortality Rate per 1000 live births	
	Live Birth Rate	Crude Death Rate	Death Rate from Respiratory Tuberculosis	Per 1000 total live and still births			
				Rate per 1000 live births	Rate per 1000 live births		
Mean of 5 years (1939 to 1943)	17.25	12.82	0.47	1.51	2.59	2.48	
Year 1943....	....	19.79	12.51	0.27	1.64	1.09
Year 1944....	....	19.34	12.75	0.29	1.90	54
Increase or decrease in 1944 on 5 years average (1939 to 1943)	+2.09	-0.07	-0.18	+0.39	+0.99	+0.92	
Increase or decrease in 1944 on 1943	-0.45	+0.24	+0.02	+0.26	+2.44	+2.31	
						-12	

STATISTICS FOR THE AREA, 1944

Causes of Death

	Cause of Death	Males	Females	Total
1.	Typhoid fever, etc.....	—	—	—
2.	Cerebro-spinal fever.....	1	1	2
3.	Scarlet fever.....	—	—	—
4.	Whooping Cough.....	1	—	1
5.	Diphtheria.....	—	1	1
6.	Respiratory Tuberculosis.....	10	3	13
7.	Other Tuberculosis.....	2	3	5
8.	Syphilis.....	2	1	3
9.	Influenza.....	6	5	11
10.	Measles.....	1	—	1
11.	Acute Poliomyelitis and Polio Encephalitis.....	—	—	—
12.	Acute inf. encephalitis.....	1	1	2
13.	Cancer—b. cav. & oesoph (M) uterus (F).....	5	5	10
14.	,, stomach and duodenum..	12	8	20
15.	,, breast.....	—	6	6
16.	,, other sites.....	29	18	47
17.	Diabetes.....	1	3	4
18.	Intra-cran. vasc. lesions.....	25	34	59
19.	Heart disease.....	57	30	87
20.	Other diseases of circulatory system	7	12	19
21.	Bronchitis.....	27	28	55
22.	Pneumonia.....	12	10	22
23.	Other respiratory diseases.....	3	3	6
24.	Ulcer of stomach or duodenum.....	4	—	4
25.	Diarrhoea (under 2 years).....	1	1	2
26.	Appendicitis.....	3	1	4
27.	Other digestive diseases.....	3	11	14
28.	Nephritis.....	8	10	18
29.	Puerperal & post abortive sepsis....	—	2	2
30.	Other maternal causes	—	1	1
31.	Premature birth.....	5	7	12
32.	Con. Mal. birth inj. Inft. dis.....	4	12	16
33.	Suicide.....	3	2	5
34.	Road traffic accidents.....	4	1	5
35.	Other violent causes.....	9	8	17
36.	All other causes.....	35	47	82
	TOTALS....	281	275	556

STATISTICS FOR THE AREA, 1944

Birth-rate, Death-rate, and Analysis of Mortality.

	Birth-rate per 1,000 total population.	Annual Death-rate per 1,000 Population.						Rates per 1,000 live Births.		
		All Causes.	Enteric Fever.	Small-pox	Measles.	Scarlet Fever.	Whooping Cough.	Diph- theria.	Diarrhoea and Enteritis (under 2 years).	Total Deaths under 1 Year.
	Live Births	Still Births.								
Leigh	19.3	0.87	12.7	0.00	0.00	0.00	0.02	0.02	2.37	54
England and Wales	17.6	0.50	11.6	0.00	0.00	0.01	0.00	0.03	4.8	46
126 Great Towns, including London (Census Populations exceeding 50,000)	20.3	0.64	13.7	0.00	0.00	0.01	0.00	0.03	0.10	7.3
148 Smaller Towns (1931 Adjusted Populations 25,000—50,000)	20.9	0.61	12.4	0.00	0.00	0.01	0.00	0.02	0.11	4.4
London	15.9	0.42	15.7	0.00	0.00	0.00	0.00	0.04	0.08	10.1

		Statistics Regarding Illegitimate Children.								
Year	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944
Population.....	45,240	45,540	46,100	46,200	46,210	45,240	45,460	45,060	44,260	43,590
No. of Illegitimate Births.....	14	15	19	21	18	21	35	24	39	39
Percentage of Illegitimate births to total births.....	2.26	2.56	4.31	2.98	1.60	2.96	4.21	2.91	4.89	4.61
Mortality rate for illegitimate births....	Nil	200	105	47	111	47	171	42	26	51
Mortality rate for Legitimate births....	82	77	69	55	70	70	64	52	68	54
Infant mortality rate...	80	80	70	55	71	69	68	52	66	54

STATISTICS FOR THE AREA, 1944.

Leigh Birth Rate during 1914-1919 and 1939-1944

Year.....	1914	1915	1916	1917	1918	1919
Rate.....	26.92	24.15	21.76	19.39	21.05	21.03
Year.....	1939	1940	1941	1942	1943	1944
Rate.....	14.58	15.49	18.12	18.30	19.79	19.00

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

Staff.

Great difficulty was experienced during the year in filling the vacancies created by the resignations of Nurse Meacham and Nurse Stables towards the end of 1943. The vacancies were filled in September, 1944, by the appointments of Nurse Mycock and Nurse Moordaff as Health Visitors and School Nurses. The failure to fill these vacancies until the end of the year inevitably resulted in a reduction in some sections of the work of the department. Thus, the total number of visits paid to children under one year was 1,239 compared with 2,228 in 1943.

Laboratory Facilities.

Laboratory facilities are as outlined in my Annual Report last year. Particulars of the material submitted to the laboratory at the Royal Infirmary, Wigan, are set out in the table on page 22. Samples of pasteurised milk were submitted to Messrs. Ruddock and Sherratt, Public Analysts, Warrington, for the phosphatase test. Samples of milk for bacteriological examination, of water for chemical examination, and blood for the Wassermann reaction, were submitted to the Public Health Laboratory, Manchester. The results of the examination of the samples of milk and water will be found in the appropriate section of this report.

GENERAL PROVISION OF HEALTH SERVICES
FOR THE AREA, 1944.

Material Submitted for Bacteriological Examination.

<i>Material</i>	<i>Positive</i>	<i>Negative</i>	<i>Total</i>
1. Swabs—			
Throat			
(a) C. diphtheriae	2	62	64
(b) H. streptococci	1	—	1
Nose (C. diphtheriae)	1	4	5
Ear (C. diphtheriae)	—	1	1
Cervix	—	2	2
Wound (H. Streptococci)	1	—	1
Conjunctiva (Staph. Aureus)....	1	—	1
2. Faeces (pathogenic organisms)	—	1	1
TOTAL	6	70	76

Ambulance Service.

All the ambulance facilities of the Borough, with the exception of those for cases of infectious disease, are under the control of the Public Health Department. The Leigh Joint Hospital Board undertakes the removal of cases of infectious disease to and from their hospital at Astley. The removal of cases to and from the Leigh Infirmary, the Leigh Public Assistance Committee Institution, the Firs Maternity Home, and the hospitals in the Manchester, Bolton and Wigan districts, is undertaken by the Borough ambulance service. The ambulances are also available for colliery accidents. The Borough now possesses four ambulances, two of these were acquired in 1943, and consist of an austerity type of body mounted on a new chassis. As the chassis were not primarily designed for ambulance work, these ambulances are not all that could be desired. They are, however, the best that could be obtained under the prevailing war-time restrictions. Of the other two ambulances, one was purchased in 1934 and the other in 1937. The one purchased in 1934 has now outlived its period of usefulness, but the other ambulance purchased in 1937 is still doing good work.

The ambulance service is a free one up to a radius of 15 miles. Beyond this distance, there is a charge of 6d. per mile for the outward and inward journeys. The ambulance is not available for journeys greater than a distance of 50 miles. Apart from accidents and other exceptional

circumstances, a medical certificate, stating that an ambulance is necessary, must be produced before an ambulance is made available.

On the outbreak of hostilities, the ambulance service, which was previously in the hands of the fire brigade, was transferred to the control of the Health Department. During the period the service has been administered by the Health Department the ambulances have been manned by the personnel of the Civil Defence Casualty Service, and this has considerably reduced the amount required from the rate fund to meet the cost of the service. With the reduction in the strength of the Civil Defence Services, it has been necessary during 1944, to employ drivers and attendants whose wages are paid by the Leigh Corporation. The result has been an increase in the local cost to the Council of running the service. At the time of writing, however, the whole of the personnel of the ambulance service is employed directly by the Council.

The ambulances covered a total distance of 38,829 miles during 1944. The distance covered last year was 39,858 miles. The petrol drawn during the year was 3,789 gallons. The ambulance service has been used for the transport of domiciliary midwives at times when the usual forms of transport were not available owing to war-time conditions. The table below gives details relating to the ambulance service.

GENERAL PROVISION OF HEALTH SERVICES, 1944.

Ambulance Service.

No. of cases conveyed :—

(a) To and from local institutions—

Leigh Infirmary	....	....	....	....	....	....	6404
Public Assistance Institution..	....	....	....	....	....	....	138

(b) To and from institutions outside the Borough—

Manchester Royal Infirmary	....	....	....	....	....	....	47
St. Mary's Hospitals	....	....	....	....	....	....	144
Hope Hospital....	....	....	....	....	....	....	21
Royal Albert Edward Infirmary, Wigan	....	....	....	....	....	....	62
Salford Royal Infirmary..	....	....	....	....	....	....	41
Bolton Infirmary	....	....	....	....	....	....	36
Manchester Royal Eye Hospital...	....	....	....	....	....	....	63
Christie's Hospital, Manchester	....	....	....	....	....	....	66
Royal Manchester Children's Hospital	....	....	....	....	....	....	44
Other Manchester Hospitals...	....	....	....	....	....	....	55
Other Hospitals	....	....	....	....	....	....	39

(c) Total number of cases dealt with 7160

(d) Transport of domiciliary midwives 178

(e) Mileage covered 38,829

(f) Petrol drawn (gallons) 3,789

Nursing in the Home.

Three Queen's Nurses are provided by the Leigh District Nursing Association. The Association's report for the year ended 31st March, 1945, shews that the nurses paid 12,362 visits to 581 cases. The diseases nursed included 35 cases of cancer, 24 cases of cardiac disease, 21 cases of cerebral haemorrhage, 17 cases of pneumonia, 11 cases of pernicious anaemia, 29 cases of infestation with thread worms, 12 cases of carbuncles, 59 cases of constipation, and 67 patients suffering from gynaecological conditions. The service provided by the Association includes the loan of such articles as air rings, bath-chairs, bed rests and crutches. During the year the Leigh Rotary Club made a gift to the Association of a car for the use of the nurses employed by the Association.

Treatment Centres and Clinics.

Scabies has been a notifiable disease in Leigh as from the 3rd July, 1943. The clinic established for the treatment of the disease continues to function on the lines indicated in previous reports. The therapeutic agent employed is a 25% emulsion of benzyl benzoate. Two applications are given, and every effort is made to persuade family contacts to receive prophylactic treatment, and also to persuade all the affected members of a family to undergo treatment simultaneously. It is futile for one member of a family to be treated, if the other members remain untreated. There was a large reduction in the number of patients with scabies, who attended the clinic for treatment. The number who attended was 415 compared with 633 in 1943. Of this number 81 were pre-school children, 154 school children and 180 adults. The number of pre-school children and adults attending was little different from last year, the corresponding figures for 1943 being 88 and 169 respectively. The number of school children attending in 1944, viz., 154, was less than half the number of school children, viz., 376 who attended the scabies clinic during the previous year. Several of the adults who attended the clinic admitted, of their own initiative, that they had delayed coming for treatment because of their sense of embarrassment at it becoming known that they were suffering from scabies. This is a false sentiment. As is pointed out in the leaflet on scabies and impetigo prepared by the Central Council for Health Education, "anybody is liable to catch these two diseases." On experiencing very quick alleviation of their symptoms after treatment they then stated that they wished they had come much sooner for treatment.

Orthopaedic cases are sent to the Lancashire County Council's orthopaedic clinic at Tyldesley. If they require hospital treatment they are referred from this clinic to the Lancashire County Council's hospital at Biddulph Grange.

The Tuberculosis Dispensary in the Borough is situated in Church Street and is staffed by the Lancashire County Council. There are several clinics in the neighbourhood of Leigh where patients may obtain treatment for venereal disease. The tables on pages 25 to 28 illustrate the work of the various clinics of the Health Department of the Borough.

**GENERAL PROVISION OF HEALTH SERVICES
FOR THE AREA, 1944.**

Pre-School Children Treated at Clinics.

<i>Nature of Treatment</i>	<i>Number of individual children treated</i>	<i>Number of Attendances</i>
Minor ailments	90	441
Ultra violet ray therapy.....	44	916
Dental.....	6	10
Orthopaedic.....	20	30
Operative (tonsils and adenoids).....	12	12
Orthoptic.....	2	8
TOTAL.....	174	1417

**GENERAL PROVISION OF HEALTH SERVICES
FOR THE AREA, 1944.**

Nutrition of School Children.

<i>Year</i>	<i>Excellent %</i>	<i>Normal %</i>	<i>Slightly Sub-normal %</i>	<i>Bad %</i>
1941	0.51	77.51	21.02	0.91
1942	0.36	81.67	17.00	0.89
1943	2.12	84.75	12.77	0.36
1944	5.10	85.82	9.08	—

GENERAL PROVISION OF HEALTH SERVICES
FOR THE AREA, 1944.

Work of Minor Ailment Clinics.

<i>Defects</i>	<i>Stone House</i>	<i>Coal Pit Lane</i>	<i>Nangreaves Street</i>	<i>Chapel Street</i>	<i>Totals</i>
Skin diseases	74	61	64	21	220
Eye	17	20	1	1	39
Ear	33	37	6	4	80
Miscellaneous (minor injuries, bruises, sores, etc.).....	137	396	177	64	774
Total no. of defects	261	514	248	90	1113

GENERAL PROVISION OF HEALTH SERVICES
FOR THE AREA, 1944.

Refraction Clinic.

Work done

No. of children dealt with at clinic .....	....	....	....	....	105
No. of clinics held .....	....	....	....	....	35
Spectacles prescribed .....	....	....	....	....	87
Spectacles supplied .....	....	....	....	....	74

Defects found

Hypermetropia .....	....	....	....	....	33
Hypermetropic astigmatism .....	....	....	....	....	33
Myopia .....	....	....	....	....	9
Myopic astigmatism .....	....	....	....	....	10
Mixed astigmatism .....	....	....	....	....	2

GENERAL PROVISION OF HEALTH SERVICES
FOR THE AREA, 1944.

Nose, Throat and Ear Clinic.

<i>Suspected Defect</i>	<i>Number of Cases referred for treatment</i>	<i>No. of Cases referred for observation</i>	<i>No. of Cases which, after investigation, did not require treatment</i>
Tonsils and adenoids.....	148	2	—
Adenoids.....	2	—	—
Catarrhal deafness	1	1	—
Tonsillitis	1	—	—
Otitis media.....	11	3	—
Trauma of nose.....	1	—	—
Dislocated septal cartilage....	1	—	—
Retraction of tympanic membrane.....	1	1	—

GENERAL PROVISION OF HEALTH SERVICES
FOR THE AREA, 1944.

Ultra Violet Ray Clinic.

<i>Disease</i>	<i>School Children</i>	<i>Pre-School Children</i>
Debility.....	24	17
Bronchitis.....	22	5
Rickets.....	2	7
Chronic rhinitis	2	—
Cervical adenitis	7	1
Anaemia.....	1	—
Chorea	1	—
Malnutrition.....	4	13
Acidosis.....	—	1
TOTAL.....	63	44

GENERAL PROVISION OF HEALTH SERVICES
FOR THE AREA, 1944.

Orthopaedic Clinic.

<i>Defect</i>	<i>No. of Cases</i>	<i>Cases which received in-patient treatment at Biddulph Grange Orthopaedic Hospital</i>
Paralysis right leg (acute poliomyelitis)	4	
Paralysis right upper arm (acute poliomyelitis)	2	
Paralysis right upper arm (birth palsy)....	2	One admitted 7/1/44 and still in hospital on 31/12/44.
Scoliosis	2	One admitted 11/12/42 and discharged 3/11/44.
Tuberculous arthritis of hip joint	1	Admitted 11/8/42 and discharged 19/2/44.
Infantile hemiplegia	2	
Spastic paraplegia	3	
Paralysis left arm and leg	1	
Paralysis left leg (acute poliomyelitis)	3	One admitted 1/9/44 and still in hospital on 31/12/44.
Flat foot	3	
Knock knee	4	
Fibrous ankylosis of knee	1	
Defective posture	3	
Congenital dislocation of both hip joints	1	Admitted 16/10/42 and discharged 16/6/44.
Congenital talipes valgus	6	
Peroneal muscular atrophy (pes cavus)	1	
Pes planus	2	
Genu varum.....	3	
Bilateral congenital amputation at wrists.....	1	
Valgus ankles	2	
Congenital deformity of both legs	1	

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1944

Clinics held in the Borough

Nature of Clinic.	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
Minor Ailments.....	Stone Hse. Chapel St. Coal Pit Lane		Stone Hse. Nangreaves St.		Stone Hse. Coal Pit Lane		Stone Hse. Nangreaves St.		Stone Hse. Coal Pit Lane		Stone Hse. Nangreaves St.	
Child Welfare.....			Stone House				Stone House		Stone House		Chapel St.	
Ultra Violet Ray.....												
Pre-natal.....							Maternity H. Coal Pit Lane		Maternity H. Coal Pit Lane		Chapel St.	
Refraction.....												
Operative (Tonsils & Adenoids).....											Leigh Infirmary	
Scabies.....			Stone Hse.				Stone Hse. (If necessary clinics are held at other times for the convenience of adults.)		Stone Hse.		Stone Hse.	
Tuberculosis Dispensary.....							Also open on the second Thursday in each month at 6-30 p.m.		Church Street			
Nose, Throat and Ear.....												
Consultant Obstetrician.....												
Immunisation.....												
Orthopaedic.....												
Dental.....												

Availability of Clinic Facilities.

All the facilities provided for the school children of the Borough are available to pre-school children suffering from dental, orthopaedic and other defects. Dental treatment is available for expectant mothers.

War-time Nursery.

The War-time Nursery was opened in February, 1943. The Nursery has accommodation for 50 children, and of these 16 can be accommodated on a residential basis. The Nursery remains closed from 12 noon on Saturday till the following Monday morning. The residential children, therefore, return home each weekend. The staff consists of a matron, deputy matron, warden and eight nursery assistants. The matron is a state registered nurse and a state certified midwife. The deputy matron holds the Princess Christian Nursery Training College Certificate. At the time of their appointment the staff are medically examined to ensure that from a medical point of view they are suitable persons to have the care of young children. There has been great difficulty during the year in obtaining nursery assistants. Great difficulty has also been experienced in obtaining an adequate supply of toys.

The nursery assistants commence duty at 7 a.m. and go off duty at 7 p.m. Each nursery assistant on day duty has two hours off-duty in the afternoon. Each nursery assistant on night duty commences at 7 p.m. and goes off duty at 7 a.m. Either the matron or the deputy matron sleeps at the nursery, and is therefore available during the night if the nursery assistant requires help. The person on night duty does this duty for a period of one month at a time.

There were 60 new admissions to the nursery during 1944. Of these, 31 were under and 29 were over two years of age. The number of children who contracted measles, whooping cough, mumps, scarlet fever and German measles was 16, 3, 2, 2 and 1 respectively. Eight cases of measles and two of whooping cough occurred in children under the age of two years. The remaining cases occurred in children over the age of two years. One member of the staff contracted mumps. This was the only case of infectious disease amongst the staff. Nineteen of the children attending the nursery were immunised against diphtheria and 15 against whooping cough. Great care is taken to ensure that each child receives a correct diet. No difficulty is experienced in getting all the children to take their cod liver oil and fruit juice supplements. This is a striking and interesting contrast to the difficulty which many of the parents of children who attend the child welfare centres appear to have in

persuading their children to take these valuable supplements. Children who are under-nourished on admission very soon shew an improvement in their physical condition.

Hospitals.

The accommodation at the Municipal Maternity Home (18 beds) again proved inadequate to meet the needs of the district. During the year 153 prospective patients were refused admission owing to lack of accommodation. The number of patients refused admission in the years 1941, 1942, and 1943, was 107, 122, and 165, respectively. The available accommodation for institutional midwifery is clearly insufficient.

The Acting Secretary of the Leigh Infirmary informs me that during the year ended 31st March, 1944, 2,185 persons were admitted as in-patients and 19,782 as out-patients. The corresponding figures for 1943 were 1,662 and 17,353 respectively. The number of attendances made by the out-patients for the year under consideration was 44,658 compared with 46,101 in the previous year. During the year a new lamp was fitted in the operating theatre and a small extension was made to the Casualty Department.

Cases of infectious disease are accommodated at Astley Sanatorium, which is administered by the Leigh Joint Hospital Board. The Council makes a payment to the Manchester Royal Eye Hospital in respect of infants from the borough admitted with ophthalmia neonatorum and children referred to the hospital for orthoptic therapy.

Since 1940 the Council has accepted financial responsibility for obstetrical emergencies and abnormalities receiving in-patient treatment at St. Mary's Hospitals, Manchester, and Hope Hospital, Salford.

Particulars of the cases for which the Borough of Leigh accepted financial responsibility are shewn on pages 31 and 32.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA, 1944.

Abnormalities Admitted to Hope Hospital.

<i>Number of Cases.</i>	<i>Reason for Admission</i>
6.	Information not available.
4.	Abortion.
1.	Breech presentation—hydrocephalic child.
1.	Heart disease—albuminuria.
1.	Prolapsed cord.
1.	Breech presentation with delay in 2nd stage.
1.	Delayed labour.
1.	Epilepsy.
1.	Obstructed labour

**GENERAL PROVISION OF HEALTH SERVICES
FOR THE AREA, 1944.**

Abnormalities Admitted to St. Mary's Hospital

<i>Number of Cases.</i>	<i>Reason for Admission</i>
1.	Twin pregnancy—delayed labour.
6.	Toxaemia of pregnancy.
5.	Albuminuria.
3.	Ante-partum haemorrhage.
4.	Trial labour.
8.	Caesarian section.
1.	Pelvic abscess.
3.	Breech presentation.
1.	Forceps delivery.
1.	Hypertension.
6.	Bad obstetrical history.
4.	Delayed labour.
1.	Version.
3.	Eclampsia.
1.	Contracted pelvis.
1.	Diabetes mellitus.
1.	Head high and mobile.
1.	Transverse presentation and history of cerebral abscess three years ago.
1.	Elderly primigravida. Breech presentation.
1.	? Pregnant.
1.	History of previous stillbirths.
1.	Pulmonary tuberculosis.
1.	Postmaturity.
1.	Congenital malformation of pelvis.
1.	High head, posterior position, forceps.
1.	Retroverted uterus.
2.	Abortion

MIDWIFERY.

The domiciliary municipal midwives attended 371 cases in 1944. An increase of 20 on the previous year's figure of 351. Of these 317 were delivered by the midwife and in the remaining cases she assisted the medical attendant. The midwife in private practice in the borough attended 115 cases. She assisted the medical attendant in 23 and delivered the remainder herself.

The tables on pages 35 and 36 give an analysis of the reasons for which the domiciliary and independent midwives requested medical aid.

During the year, 443 patients were admitted to the municipal maternity home. In suitable cases the length of stay was reduced from 14 days to between 10 and 12 days in order to make it possible to admit a greater number of patients. The table on page 36 gives details of the

work done in the Home, and of the abnormalities encountered in the patients admitted. The practice of using dust-laying oils, at the Maternity Home for the treatment of bedding and floors has been continued during the year.

During 1944 the fees payable for patients admitted to the Firs Maternity Home were increased. The details regarding the increased fees are set out in Appendix A of this Report. There was no alteration in the scale of charges for residents of the Borough, who are admitted at reduced rates to the Maternity Home.

In the course of the past few years several items of modern equipment have been installed in, and some improvements have been carried out, at the Firs Maternity Home. A glass door was fitted to the nursery so that visitors may view infants through it. This obviates the risk of infection being transmitted to the infants by visitors entering the nursery. Visitors are now prohibited from entering the nursery. The new equipment includes a large dressing steriliser, bowl sterilizer, a pair of water sterilizers, a large refrigerator and a solid fuel cooker. Structural alterations have been carried out to improve the sleeping accommodation of the domestic staff and the drive has been re-surfaced. Attempts were made to instal central heating by steam, but has to be abandoned in view of war-time restrictions on the supply of labour and materials. Portions of the Home have been re-decorated.

The Emergency Maternity Unit, stationed at St. Mary's Hospitals, Manchester, was called out on three occasions. Haemorrhage was the reason for its use in two cases, and a retained placenta in the third case.

Domestic Help.

Comment was made in last year's report on the special need for home helps and on the difficulty of obtaining them at the very time when, because of war-time conditions they could fulfil a most useful function. It was also pointed out that properly trained home helps might be of use in many other spheres besides that of the home where the mother has

just been confined. It seems most desirable that persons who are to undertake the work of a home help should have undergone a recognised course of training and should receive an adequate rate of remuneration. Great difficulty was experienced during the year in obtaining home helps. At the time of writing, however, the Department has been able to employ one whole-time home help and one part-time home help. The working of the domestic help scheme will be dealt with in the report for 1945.

Illegitimate Children.

The problem of the illegitimate child is a difficult one, and in view of the recent increase in illegitimacy it is clear that the problem calls for special attention. The basic requirements of the illegitimate child in regard to food, clothing and shelter are no less than those of the legitimate child. Circular 2866 of the Ministry of Health points out that "there can be no complete solution to the problem, since every child needs both a father and a mother, affection, security and the shelter of a normal home." The Council of the Borough of Leigh was one of those autonomous maternity and child welfare authorities which elected to co-operate with the Lancashire County Council in operating a scheme for the care of illegitimate children. Appendix B of this report gives the particulars of this scheme, which was approved by the Lancashire County Council in August, 1944. There is a close liaison between the staff of the Health Department of the Borough and the Moral Welfare Worker employed by the Leigh, Atherton and Tyldesley Council for Moral Welfare. On page 20 is a table shewing the number of legitimate and illegitimate births in the Borough of Leigh for each year since 1935, and the corresponding mortality rates.

GENERAL PROVISION OF HEALTH SERVICES
FOR THE AREA, 1944.

Abnormalities for which Domiciliary Midwives Requested Aid.

<i>Nature of Abornmality as Stated on Medical Aid Form</i>	<i>Number</i>
Spina bifida	1.
Threatened abortion	2.
Lacerated perineum	15.
Puerperal pyrexia....	4.
Incomplete abortion	1.
Foetal distress	3.
Uterine inertia and exhaustion and lacerated perineum	1.
Delayed 2nd stage—uterine inertia	6.
Irregular pains and red loss—threatened miscarriage....	1.
Miscarriage	6.
Ruptured perineum	23.
Rise of temperature	6.
Albuminuria	3.
Illness of baby	1.
Ante-partum haemorrhage and prolapse of cord	1.
Attacks of blueness in infant	1.
Delayed labour	7.
Phimosis....	1.
Post partum haemorrhage	2.
High blood pressure	1.
Varicose veins of vulva	1.
Laceration of vagina	1.
Prematurity	5.
Precipitate labour with lacerated perineum	1.
Toxaemia of pregnancy	2.
Hydramnios with prematurity	1.
Dangerous feebleness of infant and spina bifida	1.
Umbilical hernia and deformity of infant	1.
Slight discharge—right eye of infant	2.
Warts around vulval orifice..	2.
Blood passed per rectum	1.
Slight discharge both eyes	3.
Ante-partum haemorrhage	1.
Stillborn child	1.
Transverse lie. Premature rupture of membranes..	1.
Melaena neonatorum	1.
No advance of presenting part....	2.
Breech presentation	2.
Retained placenta....	2.
Inflamed eyes	1.
Discharging eyes in infant....	3.
Painful left breast of mother	1.
Dangerous feebleness of infant....	3.
Baby asphyxiated and very limp at birth	1.
Premature labour and shock	1.
Uterine inertia. Posterior position of occiput	1.
Cyanosis of baby	1.
Inevitable abortion	1.
Shock following delivery	1.

**GENERAL PROVISION OF HEALTH SERVICES
FOR THE AREA, 1944.**

Abnormalities for which Independent Domiciliary Midwives Requested Aid

<i>Nature of Abnormality as Stated on Medical Aid Form</i>	<i>Number</i>
Deformed spine	2.
Ante-partum haemorrhage	3.
Abortion.....	3.
Swollen gland (child)	1.
Delayed labour	7.
Torn perineum	7.
Haemorrhage.....	1.
Deformity of baby's leg	1.
Excessive sickness in mother	1.
Not satisfied with presentation.....	1.
Baby dead	2.
Premature birth'	1.

GENERAL PROVISION OF HEALTH SERVICES, 1944.

Firs Maternity Home.

Patients admitted.....	443
Live births	404
Still births	18
Total births	422
Normal deliveries	374
Instrumental deliveries	48
Patients X-rayed.....	47
Mothers transferred before delivery :—	
To Hope Hospital, Salford.....	4
To St. Mary's Hospitals, Manchester	11
Mothers transferred after delivery :—	
To Astley Sanatorium	4
To Leigh Infirmary	1
To Leigh Public Assistance Committee Hospital	1
Infants transferred :—	
To the Leigh Institution	1
To the Royal Manchester Children's Hospital, Pendlebury	1

Health Visitors.

Five full-time Health Visitors are employed by the borough. The difficulty in filling two vacancies has already been referred to. Each Health Visitor is also a School Nurse. The table on page 37 summarises the visits paid by the Health Visitors during 1944.

**GENERAL PROVISION OF HEALTH SERVICES
FOR THE AREA, 1944.**

Visits paid by Health Visitors.

Visits to expectant mothers :—

(a) First visits	3
(b) Total visits	3

Visits to children under 1 year of age :—

(a) First visits	714
(b) Total visits	1239

Visits to children between ages of 1 and 5 years :—

(a) First visits	12
(b) Total visits	799

Total of all visits 2041

Child Life Protection.

The Health Visitors undertake the supervision and protection of children under the Public Health Act, 1936.

SANITARY CIRCUMSTANCES OF THE AREA.

Closet Accommodation.

I am indebted to the Borough Surveyor and the Director of Public Cleansing for the following particulars regarding closet accommodation in the borough.

Fresh water closets.....	13,141
Waste water closets.....	432
Privies (no water supply or sewer available)	20
Pail closets (no water supply or sewer available)	24

Public Cleansing.

The arrangements for the collection and disposal of house refuse remain the same as in previous years. The Director of Public Cleansing informs me that 14,700 moveable ashbins were emptied on 733,410 occasions.

Three hundred and sixty tons of refuse were dealt with at the destructor and 7,926 tons were delivered to tips in the borough.

Sanitary Inspection of the Area.

On page 38 are set out particulars of the inspections carried out by the Sanitary Inspectors. The shortage of labour and materials has had an adverse affect on the speedy remedying of defects.

(a) Summary of Inspections.

In connection with :—

(b) *Defects or Nuisances found.*

(c) *Notices Served.*

(d) *Results.*

Number of defects dealt with	1661
Number of defects abated after statutory notice	137
Number of defects abated after informal notice	761
Number of defects remaining to be dealt with....	763

Shops Acts.

During the year 56 inspections were made.

Rats and Mice Destruction.

The full-time rodent operative employs the methods of baiting recommended by the Ministry of Food. At the end of the year, 650 sewer trays had been laid, and 303 of these were baited in December. It is estimated that as a result of the baiting of sewers 502 rats had been destroyed by the end of 1944. The final results obtained as a result of the baiting of sewers will be dealt with in next year's report. The Rodent Officer's report for 1944 shews that 1,892 visits were made to infested premises and 2,041 rats were destroyed.

Canal Boats.

The number of boats on the register at the end of the year, which could reasonably be believed to be in use, or available for use, was 20. Eight boats were inspected during the year, there was one infringement of the Canal Boats Acts.

Factories, Workshops and Workplaces.

Inspection of Factories, Workshops and Workplaces (including inspections made by Sanitary Inspectors).

SANITARY CIRCUMSTANCES OF THE AREA, 1944.			
Factories, Workshops and Workplaces.			
Premises (1)	No. of Inspec- tions (2)	No. of Written Notices (3)	No. of Occupiers prosecuted (4)
Factories with mechanical power.....	110	1	Nil
Factories without me hanical power.....	67	1	Nil
Other premises.....	Nil	Nil	Nil
Total.....	177	2	Nil

SANITARY CIRCUMSTANCES OF THE AREA, 1944.

Factories, Workshops and Workplaces.

Defects Found.

Particulars (1)	No. of Defects			Number of offences in re- spect of which Prosecutions were instituted (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
Nuisances under the Public Health Acts :				
Want of cleanliness....	9	18	—	—
Want of ventilation....	2	1	—	—
Overcrowding.....	—	—	—	—
Want of drainage of floors.....	—	—	—	—
Other nuisances.....	4	5	—	—
Sanitary Conveniences				
Insufficient.....	5	2	—	—
Unsuitable or defective.....	3	4	—	—
Not separate for sexes.....	—	—	—	—
Other Offences.....	2	—	—	—
Total.....	25	30	—	—

Water Supply.

A bacteriological examination of the water supply is carried out weekly. The results of these examinations have been uniformly good. Tables shewing the results of the chemical analysis of the water supply will be found on page 41. It will be seen from the table dealing with the lead content of the water samples that the amount of lead, as might be expected, is much increased when the water has remained in the service pipe overnight. Hence the desirability of allowing the tap to run on the first occasion it is used in the day. It was pointed out in last year's report that a definite standard should be prescribed regarding the lead content of water used for domestic purposes. The standard in the United States of America of 0.01 parts per 100,000 prescribes a lower content of lead than the standard of 0.05 parts per 100,000 which is generally accepted in this country.

SANITARY CIRCUMSTANCES OF THE AREA, 1944.

Examination of water samples (parts per 100,000).

Sample	Colour	Turbidity	Oxygen Absorbed (4 hrs. at 27° C.)	Free & Saline Ammonia (as NH ₃)	Albuminoid Ammonia (as NH ₃)	Hardness, Clarke's Method		Reaction pH	Action on Lead 24 hours
						Chlorides (as C 1)	Nitric Nitrogen (as NH ₃)		
1.	Slightly brown	Nil	0.031	0.0042	0.0090	Nil	0.12	1.5	0.0
2.	Normal	Very Slight	0.045	0.0018	0.0064	Nil	0.05	1.5	0.0
3.	Normal	Slight	0.026	0.0014	0.0050	Nil	0.05	1.4	0.0
									Less than 0.01
								6.5	0.24

SANITARY CIRCUMSTANCES OF THE AREA, 1944.

Lead Content of Water
in parts per 100,000

<i>Sample (Tap)</i>	1	2	3	4	5	6	7	8	9	10
First running after standing overnight	0.12	0.15	0.12	0.07	0.15	0.04	0.06	0.04	0.08	0.14
After normal running of tap	0.03	0.06	0.04	0.02	0.02	0.01	0.00	0.01	0.01	0.01

HOUSING.

As the following figures show there were no new houses erected during the year.

(a) Total (including numbers given separately under (b)	Nil
(i) by Local Authority	Nil
(ii) by other Local Authorities	Nil
(iii) by other bodies or persons	Nil
(b) With State assistance under the Housing Acts :—	
(i) by Local Authority	Nil
(ii) by other bodies of persons	Nil

Four houses infested with bugs were disinfested with hydrogen cyanide gas. The work was done by a firm specialising in this method of disinfection. Sixty-four houses infested with bugs were disinfested by methods other than the use of hydrogen cyanide.

During the year there appeared the report entitled "Design of Dwellings" prepared by the Dwellings Sub-Committee of the Central Housing Advisory Committee appointed by the Ministry of Health. The Report draws attention to the growing desire for good housing and in particular for "convenient domestic arrangements and labour-saving

fittings." The Committee are of opinion that the minimum over-all floor-area should be 900 square feet, and are convinced "that no substantial reduction can be made in this figure if the majority of the defects of the inter-war house are to be remedied." The need for adequate out-buildings, constant hot water, and better day light is emphasised. The Committee drew attention to the advantages of installing a small independant boiler for the supply of constant hot water to all fittings. The Committee found there was a desire for larger windows. The ~~provision~~^s of better daylight in houses assumes a special importance in view of recent work in this country and America, which has demonstrated the bactericidal properties of day-light as distinct from direct sunlight. The Housing Manual, 1944, of the Ministry of Health and the Ministry of Works was also issued during the year. The Manual recommends that where open fires are fitted they should be capable of burning smokeless fuels as well as bitumous coal. This recommendation is worthy of the most careful consideration in view of the important part played by the ordinary type of household fire in causing atmospheric pollution and of the bad effect of this pollution on the health and amenities of a community. The Lancashire branch of the Council for the Preservation of Rural England in the memorandum which it submitted to Lord Justice Scott's Committee on land utilisation in rural areas stated that smoke pollution was the most serious cause of ugliness and discomfort throughout the area of South Lancashire.

MILK AND FOOD SUPPLY.

The table on page 46 shews the number of samples of milk submitted to bacteriological examination and the results obtained. It will be seen that six (3.3%) out of a total of 182 samples of undesignated milk contained tubercle bacilli. This represents a reduction in the incidence of samples of undesignated milk found to contain tubercle bacilli.

In 1943, 10 (5.17%) out of a total of 193 samples contained tubercle bacilli. None of the samples of accredited, tuberculin tested, pasteurised or sterilised milk contained tubercle bacilli.

It has been the custom during the past few years to emphasize, in this section of the report, the necessity for the efficient heat treatment of all milk sold for human consumption. Each year many children in this country die from, or are severely crippled as a result of, their consumption of raw milk containing tubercle bacilli. The heat treatment of milk before its consumption is merely the application of a process commonly accepted in the case of many foods and involves no harmful deterioration in the nutritive quality of the milk. The experience of Toronto, is here related as a practical example of the advantage of efficient pasteurisation. Compulsory pasteurisation has been in force in Toronto since 1915. A bacteriological examination was made of every case of non-pulmonary tuberculosis in children under the age of 15 years admitted to hospital. In a series of 300 cases 15% were found to be suffering from tuberculosis due to infection with the bovine type of the tubercle bacillus. This is the type found in milk. All the infected cases came from the parts of Ontario where milk was drunk raw. Not a single case came from Toronto. Efficient heat treatment is the only effective method of ensuring a safe milk supply. Mere cleanliness is not sufficient as a milk supply produced under the most exacting methods of cleanliness may still be highly dangerous because it contains pathogenic bacteria. All the milk supplied to the schools in the Borough is pasteurised.

Details regarding meat inspection are given in the table on page 45. There has been a large increase in the number of cattle examined by the Sanitary Inspectors after slaughter. The table on page 49 gives details of the foods, other than freshly killed meat, condemned as being unfit for human consumption.

MILK AND FOOD SUPPLY, 1944.

Meat Inspection.

Animal	No. examined	No. condemned for tuberculosis			No. condemned for other conditions		
		Whole of animal	Part of animal	Total weight (lbs)	Whole of animal	Part of animal	Total weight (lbs)
Cows	2048	154	1033	109,435	36	566	34,058
Cattle (excluding cows)	3057	7	227	8,335	1	632	9,669
Calves	597	—	—	—	—	—	—
Sheep and lambs	17134	—	—	—	10	not available	1,485
Pigs	4427	17	426	8,865	2	394	3,168

MILK AND FOOD SUPPLY, 1944.

Examination of Milk Samples.

MILK AND FOOD SUPPLY, 1944.

Examination of Milk Samples.

Designation	No. taken	NATURE OF TEST.					
		Methylene Blue		Coliform Test		Bacterial Count	
		Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
Raw	182	107	75	103	79	—	—
Accredited	21	18	3	14	7	—	—
Tuberculin tested	3	—	3	—	3	—	—
Pasteurised....	35	—	—	20	15	23	12
Sterilised ...	4	—	—	—	—	—	—

Adulteration.

The tables on pages 47 and 48 give details concerning the samples taken under the Food and Drugs Act, 1938. 8 (8%) out of 100 samples submitted for examination under the Food and Drugs Act were adulterated or otherwise gave rise to irregularity. In 1943 6 (6.5%) out of the 93 samples submitted under the Food and Drugs Act were adulterated or otherwise gave rise to irregularity. It will thus be seen that the incidence of adulteration or irregularity remains approximately the same in 1944 as it was in the previous year. The appeal-to-cow sample (No. 620) referred to in the table below which was found to be 5% deficient in solids-not-fat, had been partly taken before the arrival of the sanitary inspectors. A subsequent appeal-to-cow sample was genuine by the freezing point test.

MILK AND FOOD SUPPLY, 1944.

Adulterated Samples — Food and Drugs Act, 1938.

<i>Serial No.</i>	<i>Article</i>	<i>Whether Formal Informal or Private</i>	<i>Nature of Adulteration or irregularity</i>	<i>Observations</i>
535	Blanc-mange powder	Formal	Consisted of wheat flour flavoured and coloured. Distinctly stale and apparently old stock.	Withdrawal from sale suggested.
540	Gin....	Formal	40.2 degrees under proof. 8 per cent. excess of water	Fined £15 including costs.
542	Gin....	Formal	39.0 degrees under proof. 6.1 per cent. excess of water.	Fined £15 including costs.
539	Rum	Informal	35.8 degrees under proof.	
609	Olive Oil..	Informal	The sample had the characteristics of Rape Oil.	No further sales.
610	Milk..	Formal	Deficient 11 per cent. solids-not-fat.	Appeal to cow sample No. 620 deficient 5 per cent. solids-not-fat. Further appeal to cow sample No. 621 deficient 2 per cent. solids-not-fat but genuine by freezing point test. Fined £10 & costs £1 11s. 6d.
620	Milk (Appeal to cow)	Formal	Deficient 5 per cent. solids-not-fat.	See No. 610.
618	Seidlitz powders (extra strong)..	Informal	The contents of one of the blue papers were 12 per cent. in excess of the weight specified by the British Pharmaceutical Codex.	

MILK AND FOOD SUPPLY, 1944.

Samples taken — Food and Drugs, Act, 1938.

Article	Number examined			Number adulterated or otherwise giving rise to irregularity		
	Formal	Informal	Total	Formal	Informal	Total
Almond flavouring.....	0	1	1	0	0	0
Baking powder.....	0	1	1	0	0	0
Butter.....	1	0	1	0	0	0
Beer.....	2	0	2	0	0	0
Blanc-mange powder.....	1	1	2	1	0	1
Colouring.....	0	2	2	0	0	0
Egg Substitute.....	1	0	1	0	0	0
Epsom salts.....	1	0	1	0	0	0
Fruit, dried.....	0	3	3	0	0	0
Gin.....	2	0	2	2	0	2
Gelantine.....	0	6	6	0	0	0
Jam.....	0	6	6	0	0	0
Laxative Oil.....	0	1	1	0	0	0
Lembar.....	0	1	1	0	0	0
Lemon cheese.....	0	1	1	0	0	0
Margarine.....	1	0	1	0	0	0
Marmalade.....	0	1	1	0	0	0
Milk.....	48	0	48	1	0	1
Milk, Appeal to cow.....	2	0	2	1	0	1
Olive Oil.....	0	1	1	0	1	1
Pepper, Black.....	2	0	2	0	0	0
Peppermint liqueur.....	0	1	1	0	0	0
Quinine and cinnamon.....	0	1	1	0	0	0
Rum.....	0	1	1	0	1	1
Seidlitz powders.....	0	4	4	0	1	1
Sodium bi-carbonate.....	1	0	1	0	0	0
Sweets.....	1	0	1	0	0	0
Tonics.....	0	2	2	0	0	0
Vanilla flavour.....	0	1	1	0	0	0
Vinegar.....	1	1	2	0	0	0

MILK AND FOOD SUPPLY, 1944.

Food Unfit for Human Consumption

<i>Nature of Food</i>	<i>Type of Packing</i>	<i>Quantity Condemned</i>
Apples		70 lbs.
Bacon		11 lbs.
Barley		112 lbs.
Beans	1 lb. tin. 8 oz. tin.	4 tins. 9 tins.
Butter		9 lbs.
Chopped Ham	6 lb. tin. 12 oz. tin. $2\frac{1}{2}$ lb. tin.	20 tins. 11 ,, 30 ,,
Chopped Pork	12 oz. tin.	1 ,,
Corned Beef....	6 lb. tin. 12 oz. tin.	1 ,, 8 ,,
Corned Pork....	6 lb. tin.	4 ,,
Dates		69 lbs.
Fish (fresh)		621 lbs.
Ham (fresh)....		28 lbs.
Jam	12 oz. tin.	7 tins.
Milk (unsweetend)..	1 $\frac{1}{2}$ lb. tin. 10 oz. tin. $14\frac{1}{2}$ oz. tin. 13 ozs. tin.	2 ,, 11 ,, 37 ,, 8 ,,
(sweetend)	Condensed $1\frac{3}{4}$ pt. ,,	3 ,,
Minced Beef....	12 oz. tin.	1 ,,,
Ox Tongue	6 lb. tin.	5 ,,,
Oranges....		100 lbs.
Pilchards..	1 lb. tin. 12 oz. tin.	23 tins. 1 tin.
Prunes	$25\frac{1}{2}$ lb. tin.	2 tins.
Port Sausage Meat	1 $\frac{1}{2}$ lb. tin. 12 oz. tin. 2 lb. tin. $2\frac{1}{2}$ lb. tin. 6 lb. tin.	4 ,, 8 ,, 8 ,, 6 ,, 7 ,,
Salmon	8 oz. tin. 1 lb. tin. 6 oz. tin.	24 ,, 3 ,, 8 ,,
Sugar		45 lbs.
Sardines....	6 oz. tin.	2 tins.
Soup	1 lb. tin.	3 ,,,
Tinned Steak..	16 oz. tin.	8 ,,,

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.

Notifiable Disease.

The table on page 53 gives details regarding the age and sex incidence of the notifiable diseases other than tuberculosis. The figures given in this table are the number of notified cases after due allowance has been made for subsequent alteration in the diagnosis as originally notified. It will be seen from the table that there has been a reduction in the incidence of the majority of these diseases with the exception of measles, erysipelas and whooping-cough.

Measles.

The increase in the incidence of measles was to be expected in view of its known epidemiological behaviour. Since measles became a notifiable disease in October, 1939, it has shown a biennial increased incidence in the Borough of Leigh. Last year there were 172 cases, 74 occurring in males and 98 in females. During 1944, there were 604 notified cases, and the incidence in both sexes were exactly the same, namely, 302. The greatest incidence was among those children aged 5–10 years. The next greatest incidence was in the age groups 2–3 years and 3–4 years. The incidence in both these groups was the same, viz. 100. A glance at the table on page 53 will at once reveal the increased incidence of measles in alternate years. One death occurred from measles during 1944.

Erysipelas.

The incidence of erysipelas in 1944 shows only a slight increase. There were 19 cases compared with 18 in 1943.

Whooping-Cough.

107 cases of whooping-cough were notified in 1944, compared with 78 in the previous year. Facilities are available for the immunisation of children against whooping-cough. 61 children were protected against this disease by immunisation in 1944. There was one death from whooping cough during the year.

Diphtheria

The table on page 56 demonstrates the decreased incidence of diphtheria which has occurred in recent years. The actual number of cases in 1940, 1941, 1942, 1943, and 1944 was 167, 44, 48, 46 and 22 respectively. The reduction in the number of cases in 1944 as compared with 1943 is considerable, viz., 22 as compared with 46 in the previous year. The incidence of diphtheria in 1944 was comparatively high among females. There were 20 cases in females and only 2 in males.

In order to reduce the incidence of the disease still further it is necessary that the majority of the children of the Borough should be protected from it by immunisation. Parents who have failed to avail themselves of the facilities for immunisation offered by the Health Department are exposing their children to the risk of contracting a dangerous disease, which, if it does not result in death, may cause permanent impairment of health. Particulars of the number of children immunised during the year will be found in the section of the report dealing with health propaganda. The table on page 55 sets out the number of children immunised since the year 1935, and also gives the ages at which they were immunised.

The Minister of Health's estimate of the child population of the Borough is 3,757 for those aged 0-4 years, and 6,280 for those aged 5-14 years. It is calculated that 1,378 children aged 0-4 years and 2,782 children aged 5-14 years have been immunised against diphtheria. Hence 34.28% of the children aged 0-4 years and 44.29% of the children aged 5-14 years have now been immunised. It is probable that the percentage actually immunised is in excess of the figures given, as we have no exact knowledge of the numbers immunised by the medical practitioners in the town. In addition to the figures given in the table on page 55 a total of 26 children failed to attend during 1944 in order that the process of immunisation might be completed. All these children have had at least one injection.

Tuberculosis.

The incidence of and mortality from tuberculosis remains much the same as in 1943. 31 cases of respiratory tuberculosis were notified in 1944, as compared with 34 in 1943. The deaths from this form of the disease number 14, as compared with 13 in the previous year. 14 cases of non-respiratory tuberculosis were notified in 1944 as compared with 13 in 1943, and there were 4 deaths from this form of the disease as compared with 5 in 1943. Two of the deaths from non-pulmonary tuberculosis were due to tuberculous meningitis, one to tuberculous peritonitis and one from miliary tuberculosis.

The first table on page 54 gives an analysis of the incidence and mortality of tuberculosis in the Borough of Leigh during 1944. The second table on the same page illustrates the incidence and mortality of tuberculosis since 1939. It will be seen from this table that in spite of war conditions there has been no serious deterioration as the war has progressed in the statistics relating to tuberculosis. Tuberculosis, like other infectious diseases, increases when the nutritional state of a community is impaired, and the probability is that its incidence would have been much higher in

the absence of the special efforts which have been made during the war years to maintain the nutrition of the people at as high a level as possible. The inevitable overcrowding in houses, vehicles and shelters, which has occurred during the war, would also tend to increase the incidence of tuberculosis. Dr. Percy Stocks concludes, however, that approximately 50% of the war-time increase in the notifications of tuberculosis is due to the medical examination of persons for military service. These persons would otherwise have escaped notification altogether or would have been notified in a later year. Tuberculosis may be termed a social disease, and nothing is of greater importance in its prevention than the improvement in the social and economic environment of the community. The developments in connection with mass miniature radiography will probably demonstrate that a large number of cases of tuberculosis "cure themselves" and this may possibly induce more people to be less reluctant to obtain advice and treatment at an early, and, therefore, more curable stage of the disease. Improvement in the scheme of allowances for those suffering from tuberculosis would also probably increase the number of patients attending for investigation and treatment at an early stage in the disease. The original intention of the scheme of allowances was to encourage the quick return to work of sufferers from tuberculosis. Hence it was limited to those who had a reasonable chance of recovery. It was also limited to those who had the pulmonary form of the disease. The time now seems opportune to consider the question of making the allowances applicable to all sufferers from the disease either in the pulmonary or non-pulmonary forms, irrespective of their chances of recovery.

Scabies has been a notifiable disease in the Borough since 3rd July, 1943. The Summary Report of the Ministry of Health for the year ended 31st March, 1944, points out that "apart from the County of London, where scabies became notifiable from the 1st August, 1943, the disease is now notifiable in four county boroughs, six boroughs, twelve urban districts and two rural districts." The number of cases of scabies notified in Leigh in 1944 was 415 compared with 279 in the previous year. It should be remembered, however, that the figure for 1943 relates only to the last six months of that year. Hence it will be seen that the incidence of scabies has shown no real increase during the year under consideration. The notified incidence was much greater in females than in males. The greatest age incidence was in the age group 10-15 years. There were 86 cases in this group. The next greatest age ~~group~~^{incidence} was in the age group 5-10 years, there being 84 cases in this group. These two age groups thus accounted for 270 of the 415 cases notified. These two age groups also accounted for a large proportion of the notifications received in 1943. The age group 20-35 years also provided a large proportion of the total number of notifications in 1943. The details concerning the age and sex ^{incidence} of scabies can be seen in the table on page 53.

PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE, 1944.

Incidence of Notifiable Diseases (other than Tuberculosis)

Disease	Under 1		1		2		3		4		5		10		15		20		35		45		65 & over		Total		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Scarlet Fever	1	1	—	—	1	1	3	3	4	3	6	10	9	3	11	2	—	—	2	—	—	—	—	—	23	37	
Diphtheria	—	—	—	—	1	1	—	—	1	1	—	1	6	5	3	4	—	—	—	—	—	—	—	—	—	11	21
Measles	11	13	43	26	26	47	53	51	49	36	49	104	97	8	11	2	—	—	5	—	2	—	—	—	—	302	302
Whooping Cough	7	5	8	8	10	12	5	14	5	11	14	7	—	1	—	—	—	—	—	—	—	—	—	—	—	4.9	58
Pneumonia	2	—	—	—	6	1	3	2	1	1	—	7	3	2	2	1	2	5	7	3	8	1	3	4	43	24	
Postpartal pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	14
Cerebro spinal fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Neonatorum	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12
Scabies	—	2	5	7	10	7	7	10	8	2	12	38	46	30	56	12	27	15	43	19	21	16	19	3	—	161	
																										254	

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE, 1944.

Incidence and Mortality of Tuberculosis

Age periods	NEW CASES				DEATHS			
	Respiratory		Non-respiratory		Respiratory		Non-respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	—	—	—	—	—	—	—	—
1 year	1	—	2	3	—	—	2	2
5 „ „ „	—	—	1	1	—	—	—	—
10 „ „ „	—	—	—	—	—	—	—	—
15 „ „ „	—	4	—	1	—	—	—	—
20 „ „ „	4	3	—	1	—	2	—	—
25 „ „ „	5	1	1	—	3	—	—	—
35 „ „ „	3	1	2	1	2	1	—	—
45 „ „ „	6	—	—	—	5	—	—	—
55 „ „ „	3	—	—	—	1	—	—	—
65 and upwards..	—	—	—	1	—	—	—	—
Totals	22	9	6	8	11	3	2	2
	<u>31</u>		<u>14</u>		<u>14</u>		<u>4</u>	

PREVALENCE AND CONTROL OF INFECTIOUS
DISEASE, 1944.

Incidence and Mortality of Tuberculosis, 1939-1944.

	1939	1940	1941	1942	1943	1944
Notified cases—						
(a) Respiratory.....	35	35	29	33	34	31
(b) Non-respiratory.....	16	16	14	9	13	14
Deaths—						
(a) Respiratory.....	19	31	20	26	13	14
(b) Non-respiratory.....	4	4	2	6	5	4

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE DURING 1944.

Number of Children Immunized since 1935.

Age	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	Remarks	Total No. immunised.
0 yrs.	—	1	—	—	—	1	2	9	3	—	In addition 48 children are known to have been immunised by Medical Practitioners in 1944.	
1 „	5	9	12	18	6	7	53	247	157	200		
2 „	5	12	3	24	9	9	81	152	74	34		
3 „	7	8	7	27	4	4	61	132	53	16		
4 „	11	19	12	40	29	2	92	149	82	27	Their exact age is unknown.	under 5 years 1378
5 „	17	19	15	54	30	4	105	108	65	15		
6 „	14	3	10	60	45	3	132	96	58	14	In addition 7 children are known to have been immunized	
7 „	—	5	4	75	55	2	81	83	59	10	by Medical Practitioners in	
8 „	—	—	10	60	43	1	59	61	39	14	1944. Their ex- act age is un- known.	
9 „	—	—	—	49	36	1	61	67	33	5		
10 „	—	—	—	—	7	1	54	78	34	9		
11 „	—	—	—	—	—	2	35	44	54	7		
12 „	—	—	—	—	—	—	18	27	77	4		
13 „	—	—	—	—	—	—	3	15	60	3		
14 „	—	—	—	—	—	—	—	6	20	1	from 5-14 years 2782	
15 „	—	—	—	—	—	—	—	2	9	—	14 years & over 160	
Total	59	76	73	407	264	37	837	1276	877	359	at end of 1944 4320	

**PREVALENCE AND CONTROL OF INFECTIOUS
DISEASE, 1944.**

Notified Incidence of Certain Infectious Diseases (1940 to 1943)

	1940	1941	1942	1943	1944
Diphtheria	178 (11)	63 (18)	72 (24)	63 (17)	53 (21)
Scarlet Fever	77 (2)	116 (3)	90	111 (7)	63 (3)
Pneumonia	101	55	64	102 (1)	67
Measles	1330	21	450	172	604
Whooping Cough	92	108 (3)	76	78	108 (1)

The figures in brackets are the number of cases in which the diagnosis as originally notified was subsequently altered.

Infestation by Head Lice

Efforts continue to be made to deal with infestation by the head louse and appropriate instructions are issued to the parents of infested children. Lethane oil is used for the purpose of treatment, and when required nit combs are available on loan. The improvement which has occurred in the cleanliness of school children during recent years has been maintained. 1,036 school children were found to be infested with the head louse in 1944. In the years 1943 and 1942 the number of school children so infested was 1,299 and 1,360 respectively. This improvement is the more creditable when one recalls that many mothers, because of war-time conditions, have been able to devote less time than usual to their duties in the home.

24 (43.45%) of the 55 school children admitted to the infectious diseases hospital during the year were infested with the head louse at the time of their admission. The incidence of infestation was greater in girls than in boys. 9 (34.6%) of the 17 boys admitted were infested compared with 15 (51.7%) of the 14 girls. 7 (16.6%) of the 42 pre-school children admitted to the infectious diseases hospital during 1944 were found to be infested with the head louse. Here again, the incidence of infestation was greater for girls than for boys. 1 (7.2%) of the 14 boys admitted and 6 (21.4%) of the 28 girls admitted were infested. In the case of pre-school children the incidence of infestation for 1944 was considerably less than in the previous year. The percentage of pre-

school children admitted during 1943 who were infested with the head louse was 31.21% compared with 31.5% in 1942 and 16.6% in 1944. The percentage of school children found infested on admission to the hospital was greater than the 1943 figure of 25.5%, but an improvement on the 1942 figure of 52.9%. None of the 9 male adults admitted to the infectious diseases hospital during 1944 were infested with the head louse. 9 (20.4%) of the 44 females admitted were infested at the time of their admission.

16 (26.6%) of the 60 new admissions to the War-time Nursery during the year were infested with the head louse at the time of their admission. In 1943, 36 (38.1%) of the 142 children admitted to the Nursery during that year were infested. In 1944, as in 1943, the incidence of infestation was greater in girls than in boys. 8 (44.4%) of the 18 girls admitted in 1944 were infested compared with 8 (30.7%) of the 26 boys who were admitted.

Health Propaganda.

During the war years the Ministry of Health, the Ministry of Food and the Ministry of Information have sponsored many advertisements in the national press relating to the maintenance of health. These efforts which represent an innovation in the services performed by the Central Government Departments, are, undoubtedly, an important contribution towards the improvement of the nation's health. A similar contribution has been made by health propaganda through the medium of the British Broadcasting Corporation, for example the feature known as "the Kitchen Front" and the broadcasts made by the Radio Doctor, and by certain films produced under the auspices of the Ministry of Information and the Central Council for Health Education.

The health department has continued to pursue a vigorous policy with regard to health propaganda. The professional members of the staff are constantly giving verbal advice whenever the occasion presents itself. Use is also made of posters, and leaflets. Many of the leaflets and posters used are those prepared by the Central Council for Health Education. Others have been prepared in the department. The subjects dealt with by this means include diphtheria, venereal disease, tuberculosis, influenza, measles, whooping-cough, scabies, infestation with the head and body louse, and the importance of fresh air, exercise, sleep and the care of the teeth.

The various clinics established by the health department afford an excellent opportunity for health propaganda, and every advantage is taken of it by the staff who conduct these clinics. It was mentioned earlier in the report that a monthly enquiry is made into the diet of expectant and nursing mothers and children attending the department's clinics, and at this enquiry the mother, if necessary, is urged to make

use of those articles of diet, which are essential for her own or her child's health, but which she is omitting to obtain. By the constant repetition of advice it is hoped to impress mothers with the practical importance of the advice given to them in their own interest.

The propaganda in regard to diphtheria immunisation, which was outlined in last year's report, has been continued on the same lines throughout 1944. The local pharmacists have continued their assistance by the exhibition of posters and the distribution of leaflets. Slides were also exhibited at the local cinemas. The parents of each school child, who had not been immunised were advised by letter to take advantage of the protection given by immunisation. 359 children were immunised during 1944. Of these 277 were under and 82 were over the age of five years. It is very necessary that a greater number of children under the age of five years should be protected by immunisation. Parents are strongly urged to have their children immunised as soon as they have attained their first birthday. National statistics for children under the age of 15 years shew that during 1943 the incidence of diphtheria among those who had not been immunised was more than three times greater than the incidence among those who had been immunised. The mortality among those who had not been immunised was twenty-five times greater than among those who had been immunised.

During the year the film, "Love on Leave," dealing with the problem of venereal disease was exhibited at the lunch hour at four factories in the Borough. The film was seen by a total of 2,500 people, and was sponsored by the Lancashire County Council and the Central Council for Health Education. The leaflet entitled, "What are the venereal diseases?" was distributed at the shewing of this film.

Conclusion.

Before concluding I would like to place on record my thanks to the Chairmen and Members of the Health Committee and the Maternity and Child Welfare Committee for their very helpful co-operation and encouragement. My thanks are also due to the members of the Casualty Service, the Women's Voluntary Service and the voluntary workers at the Child Welfare Clinics for voluntary work performed on behalf of the Health Department. The members of the Casualty Service have assisted with the work of the Scabies Clinic, and the members of the W.V.S. have helped in our diphtheria immunisation campaign. My thanks are also due to the members of the staff of the Health Department for their help and co-operation.

I have the honour to be,

Your obedient Servant,

H. J. PETERS.

APPENDIX A.

Borough of Leigh.

SCALE OF CHARGES FOR ADMISSION TO THE MATERNITY HOME.

The Sub-Committee appointed in that behalf reported that they had considered the scale of charges for the admission of cases to the Firs Maternity Home and recommended :—

(a) That the fees be increased as follows :—

(i) Ordinary Patients.

Residents and rate-payers—from £3 3 0 to £4 4 0 per week.

Non-residents and non rate-payers—

from £4 4 0 to £5 5 0 per week.

(ii) Private Patients.

Residents and rate-payers—from £5 5 0 to £6 6 0 per week.

Non-residents and non rate-payers—

from £6 6 0 to £7 7 0 per week.

(b) That non-residents and non-ratepayers be not admitted at reduced charges.

(c) That the charges at present made for the admission of cases under arrangement with the undermentioned outside Welfare Authorities be increased as follows and that such cases be only admitted on the understanding that the appropriate Welfare Authority will be directly responsible for the payment of such fees :—

Lancashire County Council—from £4 4 0 to £5 5 0 per week.

Tyldesley Urban District Council—

from £3 15 0 to £5 5 0 per week.

(d) That the revised charges be put into operation in respect of cases admitted on and after the 1st January, 1944.

(e) That no necessitous person resident in the Borough be excluded merely on the ground that she is unable to contribute a certain sum towards the cost of her maintenance and treatment, and that the Chairman and Medical Officer be given authority to deal with these cases.

(f) That any person desirous of paying fees by instalments prior to their admission to the Home be allowed to do so.

- (g) That the following scale of reduced charges be adopted subject to the condition that as a rule, the minimum amount for the total period of residence shall not be less than the maternity benefit received :—

<i>Income per week</i>	<i>Charge per day</i>
does not exceed 30/-	1/6
in between 30/- and 40/-	2/6
do. 40/- and 60/-	4/-
do. 60/- and 75/-	6/-
do. 75/- and 90/-	7/6
is over 90/-	12/-

The income is the total family income after deducting rent and rates and 5s. 0d. for each child under 14

APPENDIX B.

Illegitimate Children

COUNTY COUNCIL FOR THE ADMINISTRATIVE COUNTY OF THE COUNTY PALATINE OF LANCASTER.

SCHEME for the Care of Illegitimate Children Made in Pursuance of Circular 2866 of the Minister of Health and Submitted for His Approval under Section 204 of the Public Health Act, 1936.

1. The County Council as a Maternity and Child Welfare Authority and certain County Districts who are autonomous for maternity and child welfare purposes who express a willingness to do so, will combine to operate a joint scheme.

2. Where there are no special circumstances each Maternity and Child Welfare Authority will employ its own Health Visitors to supervise the care of illegitimate children in its area. Where the circumstances are such that a Health Visitor is unable to undertake the required supervision the Maternity and Child Welfare Authority will report the facts to the Almoner appointed by the County Council who will then take all necessary steps for the welfare of mother and child.

3. The County Council will appoint a qualified Almoner, part of whose duties it will be to deal with cases of special difficulty reported to her by the Maternity and Child Welfare Authorities. Her duties will include those set out in the Ministry of Health Circular No. 2866 and in carrying out these duties she will work in association with the Medical Officer of Health of the Maternity and Child Welfare Authority concerned.

4. The salary and expenses of the Almoner appointed to deal with cases of difficulty will be apportioned between the Maternity and Child Welfare Authorities on the basis of the number of cases dealt with by her.

5. The facilities provided by the Moral Welfare Associations will be used to the extent necessary and the following are the rates of payment :—

- I. (a) For residence of mother and child
in a Home provided by a Moral
Welfare Society £1 7 6 per week.
- (b) For residence of mother only £1 0 0 per week.
- (c) For residence of child only £0 12 6 per week.

These payments will also be made if a Moral Welfare Society makes arrangements for the reception of mother and/or child into one of their Homes outside the County Area.

Any amount received by the Moral Welfare Society from the mother or relative will be deducted from these payments, the assessment of ability to contribute, which does not depend solely on financial circumstances, to be made by the Society :

II. Charges in respect of confinement.

Confinements may be divided into two categories :—

- (a) Those occurring in a Home provided by a Moral Welfare Society.
In these cases, Welfare Authorities will not be called upon to pay a fee. The Local Supervising Authority, under the Midwives' Acts will be responsible for the payment of any claim resulting from the issue of a medical aid form.
- (b) Those occurring in Hospitals or Maternity Homes :
In these cases the Hospital charges will be met by the Welfare Authority concerned.

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